



TEXAS DEPARTMENT OF HEALTH
AUSTIN, TEXAS
INTER-OFFICE MEMORANDUM

TO: Regional Directors
Directors, Local Health Departments
Directors, Independent WIC Local Agencies
Herman Horn Chief, Bureau of Regional/Local Health Operations

FROM: Barbara Keir, Director
Division of Public Health Nutrition and Education
Bureau of Nutrition Services

DATE: December 17, 1999

SUBJECT: Breast Pump Receiving Form

This memo contains the **Electric Breast Pump Receiving Report**. Please complete this receiving report as soon as you have received your shipment of Hollister breast pumps and fax to **Tracy Erickson at (512) 458-7446**.

Attachment



ELECTRIC BREAST PUMP RECEIVING REPORT

When you have received your shipment of *Hollister* electric breast pumps, please count the pumps to make sure the number on the pink packing list matches the number of pumps received. Then **fax this completed form and a copy of the pink packing slip to Tracy Erickson at (512) 458-7446. PLEASE FAX THIS INFORMATION AS SOON AS POSSIBLE.** If the number of pumps received does not match the number on the packing slip, contact Tracy Erickson at (512) 458-7111 ext. 3409.

Local Agency# _____

Drop shipment location if not received at administrative site: _____

Number of *Purely Yours* electric breast pumps received: _____

Number of Elite electric breast pumps received: _____

Number of *HygieniKit* collection kits received: _____

Date of delivery: _____

Person who signed for shipment: _____

Please Print Your Name and Title: _____

Phone Number: _____

Thank you for your prompt attention to this matter.